SERIAL NO. FILING DATE **CLAIMS ONLY** CLAIMS AFTER 2nd AMENDMENT AFTER 1st AMENDMENT AS FILED DEP. IND. IND. IND. IND. DEP. DEP. DEP. IND. TOTAL IND. TOTAL IND. TOTAL DEP. TOTAL CLAIMS TOTAL DEP. 14 14 9 · 12 D. THE * MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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